

# Washington Metropolitan Area Transit Commission

## 2010 Carrier Annual Report Form

### PLEASE NOTE:

- Each carrier holding a WMATC certificate of authority on January 1, 2010, must file a complete 2010 annual report and pay a \$150 annual fee on or before **February 1, 2010**. To be timely, the report and fee must be received at WMATC's office by this date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (\*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **\$100 late fee**. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **\$100 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 4, 2010.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

### 1. ANNUAL REPORT OF:

1249 Exact Enterprises Inc.

\*WMATC No. \*Name of Carrier (as shown on certificate of authority)

1629 K Street, N.W., #300, Washington, DC 20036-5346

\*Street Address of Principal Place of Business

P.O. Box 3051, Silver Spring, MD 20918-3051

Mailing Address (if different from street address)

(202) 215-8366

(301) 841-7617

(301) 622-1896

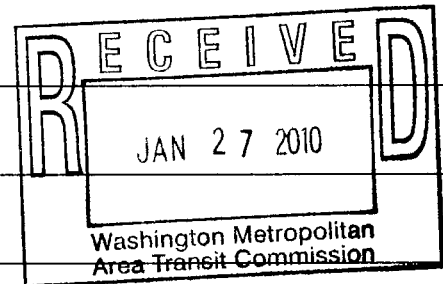
exactent@email.com

\*Telephone Number

Other Telephone

Fax Number

E-mail



### 2. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mrs. Therese Toko Sime

President

\*Name

\*Title

(202) 215-8244

(301) 841-7617

(301) 622-1896

ttokosime@hotmail.com

\*Telephone Number

Other Telephone

Fax Number

E-mail

### 3. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

\*(Complete **ONLY** if Street Address in item 1 is **OUTSIDE** Metropolitan District):

Name of Registered Agent for Service of Process

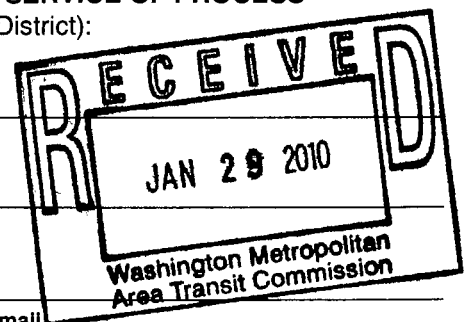
Street Address

Telephone Number

Other Telephone

Fax Number

E-mail



(continued on next page)

4. **\*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

2009: our Certificate of authority has been transferred from the trade Name Therese Toko SIME DBA Exact Enterprise to: Exact Enterprises, Inc  
Mrs Therese Toko SIME, President.

5. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** Choose one of the following three options: (1) list your vehicles below; (2) make any necessary corrections on the enclosed vehicle list and return it with this form; or (3) attach your own vehicle list. Include all required information.

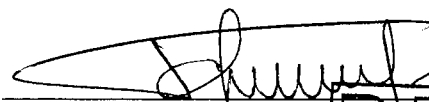
Fleet No. (If applicable)	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity
1	2000	Nissan	4N2X11T5YD835219	B44327	DC	7
2	2002	FORD	1FBSS31L324B08313	B43433	DC	15
3	2002	FORD	1FTNS24L12HB71361	B44312	DC	4
4	2003	FORD	1FTNE24L23HA8631	B43435	DC	2
5	2004	FORD	1FTBSS31L54HA50188	B42285	DC	15
6	2004	FORD	1FTSS34L14HB52255	B44365	DC	4
7	2004	FORD	1FTSS34LX4HB52254	B44340	DC	3
8	2004	FORD	1FTNE24W174HB21570	B41632	DC	9
9	2005	FORD	1FTNE24L75HA27910	B43436	DC	4

6. **\*CERTIFICATION:**

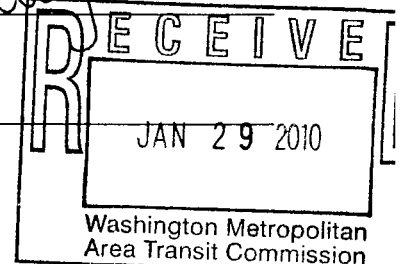
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Therese Toko SIME  
\*Name (Type or Print)

President  
\*Title

  
\*Signature

1/28/10  
\*Date



(end)